



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. Application Date 9-17-75	INSTRUCTIONS See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. DHR-DPH-44		Date Received SEP 18 1975	Date Completed SEP 25 1975
3. Department of Human Resources Division of Physical Health Environmental Health Section General Sanitation Unit Atlanta, Ga. 30334		4. Person to Contact Russell Hall	
		5. Working Title Director	6. Tel. No. 656-4871

7. ACTION REQUESTED

<input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE.	<input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.
--	---

8. Earliest & Latest Dates of Series 1972 - Present	9. Exact Series Title Tourist Accomodation Application Files
--	---

10. What is the function of the office in which this record series is created?

The Division of Physical Health is responsible for the administration, direction and coordination of the Physical Health programs throughout the State. Included are: the establishment of health standards for business, housing, field operations and hospitals; the improvement of the physical and dental health of adults and children; the diagnosis and control of diseases; the supervision of construction and licensure of health facilities; and the daily State-wide program of registration, statistical coding, certification and preservation of the births, marriages, divorces and annulments of marriage, and deaths that occur each year in the State.

General Sanitation Unit - has the responsibility to administer State-wide programs to protect the individuals of the community from environmental hazards and diseases associated with food service establishments, tourist accomodations, and recreational areas including swimming pools, water impoundments, and insects and rodents; and to support district and county environmental units in their program activities.

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the receipt of applications for permits requesting authorization for operation of Tourist Accommodations.

Included are Application For Tourist Accommodation Permit (DPH/EHS(1)-1) identifying name and location of facility and name and address of owner.

File is arranged alphabetically by County, thereunder by number of permit.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers Cu. Ft. of Records			
				In Office(s)		In Storage Area(s)	
Letter-size File Drawers	2	3		1		1	
Legal-size File Drawers			Floor Space Occupied (Square Feet)				
				This Year's	Last Year's	Preceding Year's	All Prior Years
			AVERAGE DAILY REFERENCES	10	2	1	1

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain.

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

24. **REQUIREMENTS.** The following requires the files to be kept 5 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

Based on previous reference experience the General Sanitation Unit needs these records for 5 years.

25. **AGENCY RECOMMENDATIONS.** This agency recommends that the file series be cut off at the end of each ☒ CALENDAR YEAR ☐ FISCAL YEAR ☐ OTHER _____, then:

- ☒ Hold in the current files area 2 month(s)/2 year(s):
☒ Transfer to ☒ State Records Center ☐ Local Holding Area; hold 3 year(s):
☒ Destroy.
☐ Transfer to State Archives for permanent retention.
☐ Destroy immediately after cut-off.
☐ Other: (Specify)

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
William McDonald DHR RMO	9-17-75		
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Russell + Hall, Chief San Unit	17 Sept. 75
	State Auditor/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	William M. Vigen	9-23-75
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Caraco H. J.	9-22-75
	Attorney General/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	W. M. Vigen	9-24-75

STATE RECORDS
COMMITTEE

Georgia Department of Human Resources
APPLICATION FOR TOURIST ACCOMMODATION PERMIT

Complete in triplicate and forward the original and one copy to the County Health Department in which county the facility is located.

Name of Tourist Accommodation _____

Location of Tourist Accommodation (Street-Highway or RFD) (City) (County) (State) (Zip Code) _____

GEORGIA

Business Owner's Name _____

Business Owner's Address (Street, or RFD) (City) (County) (State) (Zip Code) _____

Authorized Agent * _____

Authorized Agent's Address (Street, or RFD) (City) (County) (State) (Zip Code) _____

The undersigned hereby applies for a permit to operate a Tourist Accommodation pursuant to the Georgia Health Code, Chapter 88-11, Georgia Laws 1964, p. 499 et seq., and hereby certifies that he has received a copy of the Rules and Regulations of the Georgia Department of Human Resources for Tourist Accommodations, Chapter 270-5-13.

Signed _____	State whether Business Owner or Authorized Agent _____	Date _____
--------------	--	------------

* ("Authorized Agent" means the person to whom the Business Owner has delegated authority for the overall management of the Tourist Accommodation.)